

GOVERNOR'S OFFICE OF EMERGENCY SERVICES
CALIFORNIA SPECIALIZED TRAINING INSTITUTE
POST OFFICE BOX 8123 • SAN LUIS OBISPO, CA 93403

EMERGENCY MGMT/CRIMINAL JUSTICE PROGRAMS
(805) 549-3536 OR 549-3190
FAX: (805) 549-3348 OR 543-0554

FEMA/SEMS PROGRAMS
(805) 549-3190
FAX: (805) 543-0554

HAZARDOUS MATERIALS PROGRAMS
(805) 549-3344 OR 549-3170
FAX: (805) 549-3555 OR 549-3009

APPLICATION FOR ENROLLMENT
(This form may be reproduced locally)

Course Title: _____

DATE OF COURSE: **1st Choice:** _____ **2nd Choice:** _____

FULL NAME: _____ SSN: _____

RANK/TITLE/POSITION: _____ AGENCY: _____

SEND CONFIRMATION ATTN: _____

BUSINESS ADDRESS: _____
(Street, P.O. Box) (City and State) (Zip Code)

HOME ADDRESS: _____
(Street, P.O. Box) (City and State) (Zip Code)

BUSINESS PHONE: _____ **HOME PHONE:** _____

FAX #: _____ FAX #: _____

EMAIL : _____ EMAIL: _____

DESCRIBE APPLICANT'S PROFESSIONAL EXPERIENCE, YEARS OF EXPERIENCE AND CURRENT POSITION.
THIS INFORMATION IS VITAL FOR PROPER ROLEPLAYING ASSIGNMENT IN EMERGENCY MANAGEMENT COURSES.

Applicant's Supervisor/Training Officer (Signature) (Date)

(Applicant's Signature) Date

(Printed/Typed Name/Title of applicant's supervisor)

PLEASE CHECK THE BOX ITEM WHICH MOST CLOSELY DESCRIBES YOUR PROFESSION:

- | | | | | |
|---|--|--|---|---|
| <input type="checkbox"/> 1. Police | <input type="checkbox"/> 7. City/County Admin. | <input type="checkbox"/> 13. Parks & Recreation | <input type="checkbox"/> 19. OES, City/Co/State | <input type="checkbox"/> 25. City (Other) |
| <input type="checkbox"/> 2. Sheriff | <input type="checkbox"/> 8. Finance | <input type="checkbox"/> 14. Legal | <input type="checkbox"/> 20. Volunteer Agencies | <input type="checkbox"/> 26. County (Other) |
| <input type="checkbox"/> 3. Fire | <input type="checkbox"/> 9. Planning | <input type="checkbox"/> 15. University | <input type="checkbox"/> 21. Schools | <input type="checkbox"/> 27. State (Other) |
| <input type="checkbox"/> 4. Highway Patrol | <input type="checkbox"/> 10. CDF/County Fire | <input type="checkbox"/> 16. Health, City/Co/State | <input type="checkbox"/> 22. Community Services | <input type="checkbox"/> 28. Transportation |
| <input type="checkbox"/> 5. Military | <input type="checkbox"/> 11. PIO | <input type="checkbox"/> 17. Medical, Hosp/Dr/RN | <input type="checkbox"/> 23. Other | <input type="checkbox"/> 29. Federal Agencies |
| <input type="checkbox"/> 6. University Police | <input type="checkbox"/> 12. Public Works | <input type="checkbox"/> 18. Private Industry | <input type="checkbox"/> 24. University (Other) | <input type="checkbox"/> 30. Airport |

PLEASE ADVISE C.S.T.I. IF YOU HAVE A DISABILITY WHICH SHOULD BE CONSIDERED WHEN MAKING SEATING ASSIGNMENTS, OR SPECIAL DIETARY NEEDS:

EMERGENCY NOTIFICATION:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE NUMBER: _____

How did you hear about this course?

_____	FOR CSTI USE ONLY
_____	Grant <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Per Diem: <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	(Type) SARA HMEP
_____	LEPC Region: _____
_____	Grant: _____
_____	Per Diem: _____